	PATENT	APPLICATION Effect	ON FEE Dative Octo			ION RECO	)KD		10/	65	60,5	17
	CLAIMS AS FILED - PART (Column 1)					(Column 2)			NTITY.,	00	OTHER	R THAN
	OTAL CLAIM	S			(COIGHII 2)		TYF	ATE	FEE'	0R <b>7</b>		
╟╒	FOR  TOTAL CHARGEABLE CLAIMS		NUMBER FILED		NUMBER EXTRA		<b>├</b>	SIC FEE	<del></del>	-	RATE BASIC FEE	FEE 740.00
							-					740.00
				minus 20=		* .		\$ 9=	ļ	OR	X\$18=	
-	ULTIPLE DEPENDENT CLAIMS		minus 3 =					42=		OR	X84≕	
		ENDENT CLAIM: P	1655N1				+	140=	,	OR	+280=	
1	If the differenc	less than zero, enter "0" in column 2			T(	TAL		OR	TOTAL			
	CLA(MS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							1ALL	ENTITY	or	OTHER SMALL	
NTA		CLAIMS REMAINING AFTER AMENDMENT	79	HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	. 6	Minus	* 3	0	=	X	9=	Ø	OR	X\$18=	
AME	Independent	. 2	Minus	·** J	5、	=	X	42=	\$	OR	X84=	
	FIRST PRES	ENTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		+1	40≂		OR	+280=	. •
			. •					TOTAL	9		TOTAL	
		(Column 1)		(Colun	nn. 2)	(Column 3)	ADDI	T. FEE	<u> </u>	10	ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	EST BER OUŞLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AENDMENT	Total	*	Minus	**		=	X	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X	2=			X84=	
<b> </b>	FIRST PRESE	ENTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM				-	OR		
								40=		OR	+280=	
							ADDI	OTAL . FEE		OR	TOTAL ADDIT. FEE	
_	Market Control	(Column 1)		(Colum		(Column 3)	) )			, ,		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	R/A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		= .	X\$	9=		OR	X\$18=	
ME	Independent	*	Minus	***		=:	X4	2=		OR	X84=	
	FIRST PRESE	ENTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM						+280=	
• (	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEF									OR	TOTAL	2
***	ff the "Highest Nu	mber Previously Pai mber Previously Pai nber Previously Paid	id For" IN THE	S SPACE is	less tha	n 3, enter "3."	ADDIT	FEE L	ropriate box		ADDIT. FEE I lumn 1.	

Application or Docket Number